

**IHC**

**Iowa Healthcare Collaborative**

*A Partnership for Quality, Patient Safety & Value*

## Quality in Iowa

Legislative Health Commission

November 14, 2007

# Redefining Professionalism

- **The New Era of Transparency and Accountability based on a Value-Driven Healthcare System...**
  - Evidence-based process measures & metrics
  - Define and standardize clinical performance metrics
  - Data used to improve quality and value
  - Reliable information publicly available on quality and cost
  - Rapid spread of best practice
  - Engagement of patients as partners

# Leadership

- To lead today, we need...
  - A spirit of innovation
  - A sense of ownership
  - A focus on 'nimbleness'
  - A commitment to collaboration

# Iowa Healthcare Collaborative

- Statewide, provider-led, foundation to improve the quality, safety and value of healthcare
- Cornerstones
  - Align & Equip Health Care Providers on Quality and Value
  - Responsible Public Reporting
  - Engage the Community for Clinical Improvement
  - Raise the Standard of Care in Iowa

# IHC 2007 Work Plan

## Public Reporting

- Driven by “*Responsible Public Reporting*”
- IHC Sources
  - Both clinical and administrative data
  - Publicly available and voluntary reported information sources
- Data suitable for comparative purposes should be standardized and validated
  - CMS Hospital Compare
  - AHRQ Administrative data set
- Subjective data, not yet suitable for comparative purposes
  - NQF 30 Safe Practices information
  - Healthcare Associated Infection (HAI) measures

# AHRQ

- Analysis of inpatient discharge data (administrative claims data)
- Organized into Patient Safety Indicators (PSI), Inpatient Quality Indicators (QI), Pediatric Quality Indicators (PQI)
- IHC reports on 27 of 91 measures
- Metrics chosen for the number of hospitals and adequate number of cases
- Overall equal/exceed national performance 63%



# *AHRQ Performance in selected set (Patient Safety Indicators)*

- Overall equal/exceed national performance 78%
- Hospital specific performance measures:
  - Complications of anesthesia
  - Death in low mortality DRGs
  - Decubitus ulcer
  - Foreign body left in during procedure
  - Iatrogenic pneumothorax
  - Postoperative hip fracture
  - Postoperative hemorrhage or hematoma
  - Postoperative respiratory failure
  - Postoperative pulmonary embolism/deep vein thrombosis
  - Postoperative sepsis
  - Postoperative wound dehiscence
  - Accidental puncture or laceration
  - Birth trauma

# *AHRQ Performance in selected set (Inpatient Quality Indicators)*

- Overall equal/exceed national performance 40%
- Hospital specific performance measures:
  - Post Procedure CEA Mortality
  - Post Procedure CABG Mortality
  - Post Procedure PTCA Mortality
  - Post Procedure Hip Replacement Mortality
  - In-hospital Hip Fracture Mortality



# CMS

- Data from the Hospital Compare Website
- Per category, Iowa % meets/exceeds National %
  - Acute Myocardial Infarction (AMI)-7 71%
  - Heart Failure (HF)-4 25%
  - Pneumonia (PN)-7 86%
  - Surgical Care Improvement Project (SCIP)-3 66%
  - IHC: Healthcare Associated Infection (HAI)-4 75%

# *HAI Metrics*

## 2006 Reporting Set- From CMS set

- PN 2- Pneumococcal Vaccination
- PN 7- Pneumonia patients given influenza vac.
- SCIP 1- Prophylactic ATB within 1 hr. of incision
- SCIP 3- Prophylactic ATB discontinued within 24 hr.

## 2007 Reporting Set- Six Additional Measures

- Influenza Vaccination Rate for Staff
- Central Line Infection Prevention
- Four Selected Surgical Site Infection Rates
  - Colon
  - Hysterectomy
  - Coronary Bypass
  - Hip

# Recommendations

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- To improve healthcare performance:
  - Quality- *Reduce variability*
  - Patient Safety- *Create a new culture*
  - Value- *Improve efficiency*
    - Duplication, waste, administrative burden
    - Promote deployment of value improvement techniques such as Lean in healthcare.

# *Providers are engaged*

- 5 Million Lives Campaign participation
- Voluntary Reporting Initiatives
- Infection Control Practitioner Community
- Lean Learning Collaborative
- Ambulatory Learning Community

# Recommendations

- Seriously address wellness and prevention
- Build trust among community stakeholders
- Public reporting mandates aren't necessary for transparency, and may interfere with provider engagement
- Continue to support the work of the Collaborative